

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. 5-535 ✓

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1					51		1				
2		1					52		1				
3		1					53		1				
4		3					54		1				
5		3					55		14				
6		3					56		14				
7		3					57		14				
8		3					58		14				
9		3					59		14				
10		3					60		1				
11		3					61		10				
12		3					62		10				
13		3					63		14				
14		3					64		11				
15		3					65		11				
16		3					66		14				
17		3					67		14				
18		3					68		14				
19		3					69		14				
20		3					70		14				
21		3					71		14				
22		3					72		14				
23		3					73		14				
24		3					74		14				
25		3					75						
26		3					76						
27		3					77						
28		3					78						
29		3					79						
30		3					80						
31		3					81						
32		3					82						
33		3					83						
34		3					84						
35		3					85						
36		3					86						
37		3					87						
38	1						88						
39		1					89						
40		1					90						
41		1					91						
42		1					92						
43		1					93						
44		1					94						
45		1					95						
46		1					96						
47		1					97						
48		1					98						
49							99						

TOTAL NO.							TOTAL REV.						
TOTAL DEP.	11						TOTAL CLAIMS	257					
TOTAL CLAIMS	76												